

	to the to form of a co											
	in this information btor 1	Piotr Modze										
	btor 2 buse, if filing)											
Uni	ited States Bankrup	otcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	Α	_						
Case number 24-13083							Ch	eck if this is	:			
(If kı	nown)			_				An amende	ed filing			
										wing postpetition e following date:		
	fficial Form							MM / DD/ Y	YYYY			
S	chedule I:	Your Inc	ome								12/15	
atta	rt 1: Describ	eet to this form.	r spouse is not filing w On the top of any additi	ional pages, write yo				number (if	known)			
	information.	•	Debtor 1									
	If you have more than one job, attach a separate page with information about additional		Employment status Employed Dot				■ Employed □ Not employed					
	employers.		Occupation	Dispatch		Dental Office Manager						
		clude part-time, seasonal, or If-employed work. Employer's name IK Trans			nsport				Pro Dental Group PC			
	Occupation may or homemaker, if		Employer's address									
			How long employed t	here?								
Pa	rt 2: Give De	etails About Mor	nthly Income									
	imate monthly incuse unless you are		ate you file this form. If	you have nothing to r	eport for	any lii	ne, wi	ite \$0 in the	space.	Include your no	n-filing	
•	ou or your non-filing e space, attach a s	•	ore than one employer, co	ombine the informatio	n for all e	emplo	yers f	or that perso	on on th	e lines below. If	you need	
							For D	ebtor 1		Debtor 2 or -filing spouse		
2.	List monthly grodeductions). If no		efore all payroll ly wage would be.	2.	\$_		7,500.00	\$	8,584.00			
3.	Estimate and list monthly overtime pay.				3.	+\$_		0.00	+\$	0.00		
4.	Calculate gross		4.	\$	7.	500.00	\$	8,584.00	ı			

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Piotr Modzelewski	_	Ca	se number (if kno	wn)	24-13	8083		
					or Debtor 1		For I	Dobtor	2 0"	
					or Deptor 1		For Debtor 2 or non-filing spouse			•
	Cop	y line 4 here	4.	\$	7,500.	00	\$		584.0	
								,		<u>-</u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	2,500.	00	\$	1,	237.0	0
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.	00	\$		0.0	0
	5c.	Voluntary contributions for retirement plans	5c.	\$		00	\$		0.0	
	5d.	Required repayments of retirement fund loans	5d.			00	\$		0.0	
	5e.	Insurance	5e.			00	\$		0.0	
	5f. 5g.	Domestic support obligations Union dues	5f.	\$ \$		00	\$		0.0	
	5h.	Other deductions. Specify:	5g. 5h.			<u>00</u> 00 -	+ \$ [—]		0.0	
6	-	· · · · · · · · · · · · · · · · · · ·	_				· : —			
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,500.		\$		237.0	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5,000.	00	\$	7,	347.0	<u>0</u>
8.		all other income regularly received:								
	8a.	Net income from rental property and from operating a business, profession, or farm								
		Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total	0 -	•			Φ.		400.0	_
	8b.	monthly net income. Interest and dividends	8a. 8b.			00 00	\$	1,	400.0	
	8c.	Family support payments that you, a non-filing spouse, or a dependent		Ψ	U.	00	Ψ		0.0	<u> </u>
	00.	regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce	•	•	_		•			_
	8d.	settlement, and property settlement.	8c. 8d.	\$ \$		00	\$		0.0	
	ou. 8e.	Unemployment compensation Social Security	8e.	Ф \$		00 00	\$ 		0.0	
	8f.	Other government assistance that you regularly receive	00.	Ψ	U.	00	Ψ		0.0	<u> </u>
	_	Include cash assistance and the value (if known) of any non-cash assistance	;							
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0	00	\$		0.0	0
	8g.	Pension or retirement income	8g.			00	\$		0.0	
	8h.	Other monthly income. Specify:	8h				+ \$		0.0	
		· · · · · · · · · · · · · · · · · · ·	_							_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.	00	\$	1	,400.	00
			_	<u> </u>	1	\vdash		1		
10.			10. \$	5	5,000.00	- \$	8,7	47.00	= \$	13,747.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.								
11.	State all other regular contributions to the expenses that you list in Schedule J.									
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and									
	other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Sch.									
	Spe		avana	DIC (o pay expense	o note	Ju III O	11.	_	0.00
	•							1		
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly inco Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if applies									
							, if it	12.	\$	13,747.00
	аррі									
									Comb	oined hly income
13.	Do	you expect an increase or decrease within the year after you file this form	?							,
		No.								
		Yes. Explain:								